ForwardHealth Claims Processing Changes and Trading Partner Testing Training

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Agenda

- Electronic Claims Submission Methods.
- Trading Partner Testing.
- Claims Processing Changes.
- Optical Character Recognition (OCR) Information for Paper Claims.
- 1500 Health Insurance Claim Form Instruction Changes.
- UB-04 Claim Form Instruction Changes.
- Crossover Claim Changes.
- Good Faith Claims Changes.
- ClaimCheck Software Utilized by ForwardHealth.
- Remittance Advice Changes.

Electronic Claims Submission Information

Electronic claims submission methods:

- ForwardHealth secure Portal.
- Electronic Data Interchange transactions.
- Vendor software.
- Clearinghouse.
- Provider Electronic Solutions (PES) claims submission software.

Trading Partner Testing

Testing is required for providers who act as trading partners (including PES) and exchange electronic transactions:

- 837 – Professional, Institutional, and Dental Health Care Claim.
- 270/271 - Health Care Eligibility Benefit Inquiry/Response.
- 276/277 - Health Care Claim Status Request/Response.
- All trading partners that have completed testing will receive a Production Authorization Letter.

Claims Processing Changes

- Paper attachments with electronic claims or adjustments.
- Companion documents for 837 transactions.
- Attachment control number.
- Claim Form Attachment Cover Page, F-14370.
- Electronic claim or paper attachment held up to 30 days waiting for match. If no match found, claim will deny.

Note: For electronic Medicare crossover claims, continue to use the same process as today. Do not submit a paper copy of the Medicare EOB when submitting a crossover electronically.

Optical Character Recognition (OCR) Information for Paper Claims

Benefits:

- Increase in claims processing speed and accuracy.
- No keying of data from paper.

Requirements:

- Avoid handwritten claims.
- Only original claim forms (no copies of forms).
- Data must be within field, alignment requirements.
- Adhere to clarity requirements (Update 2008-45).
- Anchor fields must be completed for 1500 Health Insurance Claim Form and UB-04 Claim Forms (Update 2008-45).

1500 Health Insurance Claims Form Instruction Changes

- No PA number on claims.
- Elimination of M-5 disclaimer code.
- Elimination of series billing:
  - Accept multiple page claims.
- No longer accept up to four dates of service per detail line.
- Must be a single date of service or range dates of service.
- Performing provider is now "rendering provider."

1500 Health Insurance Claims Form Instruction Changes (cont.)

- NPI is required for:
  - Billing provider.
  - Rendering provider.
  - If required, referring provider must indicate the NPI.
- Taxonomy: Required for all health care providers.
- ZIP+4 code: Required for all providers.
- Diagnosis code(s) must be valid and to the greatest specificity.
- Diagnosis codes - up to eight codes.
- Element 24E Diagnosis Pointer - will accept up to four diagnosis pointers per detail with no commas or spaces.
- Element 24G Days or Units – will not need a decimal unless billing fractions.
- Element 31 Signature of Physician or Supplier – must have a signature for all plans including Medicare crossover claims. "Signature on file" is no longer acceptable for Medicare crossovers.

UB-04 Claim Form Instruction Changes

- Only four-digit revenue code accepted.
- Diagnosis code must be valid and to the greatest specificity.
- National Provider Identifier is required.
- Taxonomy: Required for all providers.
- ZIP+4 code: Required for all providers.
- Form locator 45 – Service Date: Providers need to enter the "from" dates of service in "MMDDYY" format.
- Form locator 49 – Unlabeled Field: Providers need to enter the "to" dates of service in "DD" format.
- Form locator 46 – Service Units: Providers must complete even if quantity is "1".

Crossover Claim Changes

- Do not submit paper Medicare EOMB or Remittance Advice as attachments to electronic claims.

Good Faith Claims Changes

- Make a copy of the temporary or Express Enrollment card.
- Check enrollment in two days or call Provider Services for assistance.
- If claim is denied for enrollment EOB code, contact Provider Services for assistance.

ClaimCheck Software Utilized by ForwardHealth

- Affects ***all*** providers submitting Professional claims (837 or CMS 1500) based on claims using CPT or HCPCS codes.
- Accesses history (instead of just claim being adjudicated).
- Additional areas will be monitored.

ClaimCheck Software Monitors

- Unbundled procedures.
- Incidental/integral procedures.
- Mutually exclusive procedures.
- Medical visit billing errors.
- Pre/postoperative billing errors.
- Age-related billing errors.
- Cosmetic procedures.
- Gender-related billing errors.
- Medically obsolete procedures.
- Assistant surgeon billing errors.
- Modifier-related billing errors.
- Bilateral and duplicative procedures.